

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Black Conservatives Fund			FEC IDENTIFICATION NUMBER ▼ C C00560599		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right;"> <div style="border: 1px solid black; padding: 2px; margin: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px; margin: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px; margin: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee Active Engagement			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; margin: 2px;">10</div> / <div style="border: 1px solid black; padding: 2px; margin: 2px;">24</div> / <div style="border: 1px solid black; padding: 2px; margin: 2px;">2014</div>		
Mailing Address 44084 Riverside Pkwy			Amount <div style="border: 1px solid black; padding: 2px; margin: 2px; text-align: right;">5240.00</div>		
City Lansdowne	State VA	Zip Code 20176	Transaction ID : SE.16367 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; margin: 2px;">10</div> / <div style="border: 1px solid black; padding: 2px; margin: 2px;">24</div> / <div style="border: 1px solid black; padding: 2px; margin: 2px;">2014</div>		
Purpose of Expenditure Online Advertising		Category/ Type			
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; margin: 2px; text-align: right;">82473.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation		
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; margin: 2px;"></div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; margin: 2px; text-align: right;">5240.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; margin: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; margin: 2px; text-align: right;">5240.00</div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
<i>Patrick Krason</i> Signature		[Electronically Filed]		Date <div style="border: 1px solid black; padding: 2px; margin: 2px;">10</div> / <div style="border: 1px solid black; padding: 2px; margin: 2px;">25</div> / <div style="border: 1px solid black; padding: 2px; margin: 2px;">2014</div>	